



## Complete Summary

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### TITLE

Safe site invasive procedure -- non-operating room: percentage of wrong invasive or high-risk radiological procedure events outside of the operating room per month.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Safe site invasive procedure -- non-operating room. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Sep. 32 p. [5 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of wrong invasive or high-risk radiological procedure events outside of the operating room per month.

### RATIONALE

The priority aim addressed by this measure is to eliminate wrong site, side, patient or procedure events when performed outside of the operating room.

### PRIMARY CLINICAL COMPONENT

Wrong invasive or high-risk radiological procedure events

### DENOMINATOR DESCRIPTION

Total number of invasive or high-risk radiological procedures\* per month

\*Refer to Appendix A of the original measure documentation for examples.

## **NUMERATOR DESCRIPTION**

Number of wrong invasive or high-risk radiological events (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Unspecified

## **State of Use of the Measure**

### **STATE OF USE**

Current routine use

### **CURRENT USE**

Internal quality improvement

## **Application of Measure in its Current Use**

### **CARE SETTING**

Ambulatory Care  
Hospitals

### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Single Health Care Delivery Organizations

### **TARGET POPULATION AGE**

All ages

#### **TARGET POPULATION GENDER**

Either male or female

#### **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### **Characteristics of the Primary Clinical Component**

#### **INCIDENCE/PREVALENCE**

In Minnesota, there are still patients affected by wrong procedure events outside of the operating room. As part of the Minnesota Adverse Health Event law, these errors are reported directly to the state and are publicly disclosed. While the Fourth Annual Public Report of Adverse Events in Minnesota does not specifically distinguish adverse events occurring outside of the operating room from those occurring elsewhere, it is estimated that approximately 35% of these events occur outside of the operating room.

#### **EVIDENCE FOR INCIDENCE/PREVALENCE**

Institute for Clinical Systems Improvement (ICSI). Safe site invasive procedure -- non-operating room. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Sep. 32 p. [5 references]

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

Unspecified

#### **UTILIZATION**

Unspecified

#### **COSTS**

Unspecified

### **Institute of Medicine National Healthcare Quality Report Categories**

#### **IOM CARE NEED**

Getting Better

## **IOM DOMAIN**

Effectiveness  
Safety

### **Data Collection for the Measure**

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

Patients of all ages who have an invasive or high-risk radiological procedure done outside of the operating room

Event data should be reported through an incident or sentinel event report or follow the organization's policy for reporting.

It may be helpful to start in one focused area for both implementation of the protocol and then collect data within a defined population.

The suggested time period is a calendar month, but three months could be consolidated into quarterly data points, as well, if caseload and/or event numbers are small.

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Total number of invasive or high-risk radiological procedures\* per month

\*Refer to Appendix A of the original measure documentation for examples.

### **Exclusions**

Unspecified

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Encounter  
Therapeutic Intervention

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Number of wrong invasive or high-risk radiological events\*

\*Wrong invasive or high-risk event is defined as a wrong invasive or high-risk procedure, an invasive or high-risk procedure performed on the wrong patient, or an invasive or high-risk procedure performed on the wrong side, site or level.

### **Exclusions**

Unspecified

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Encounter or point in time

## **DATA SOURCE**

Special or unique data

## **LEVEL OF DETERMINATION OF QUALITY**

Not Individual Case

## **OUTCOME TYPE**

Adverse Outcome

## **PRE-EXISTING INSTRUMENT USED**

Unspecified

## **Computation of the Measure**

## **SCORING**

Rate

## **INTERPRETATION OF SCORE**

Better quality is associated with a lower score

## **ALLOWANCE FOR PATIENT FACTORS**

Unspecified

## **STANDARD OF COMPARISON**

Internal time comparison

## **Evaluation of Measure Properties**

## **EXTENT OF MEASURE TESTING**

Unspecified

## **Identifying Information**

## **ORIGINAL TITLE**

Number of wrong invasive or high-risk procedure events outside of the operating room per month.

## **MEASURE COLLECTION**

[Safe Site Invasive Procedure -- Non-Operating Room](#)

## **DEVELOPER**

Institute for Clinical Systems Improvement

## **FUNDING SOURCE(S)**

The following Minnesota health plans provide direct financial support: Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne and UCare Minnesota. In-kind support is provided by the Institute for Clinical Systems Improvement's (ICSI) members.

## **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

*Work Group Members:* Marietta Farris, BSN (Co-Work Group Leader) (Fairview Health Services) (Nursing); Loree Kallianen, MD, FACS (Co-Work Group Leader) (HealthPartners Regions Hospital) (Plastic Surgery); Kristy Enger, CMA (Chippewa County - Montevideo Hospital & Clinic) (Clinic); Neal C. Rucks, PA-C (Chippewa County - Montevideo Hospital & Clinic) (Clinic); Lisa Hurt, RN (Ridgeview Medical Center) (Home Health Services); Karin K. Fjeldos-Sperbeck, RN (Sanford Health) (Nursing); Stephanie Lach, MSN, MBA, RN (HealthPartners Regions Hospital) (Patient Safety & Quality); Karen Landeen, RN (Hennepin County Medical Center) (Radiology); Nancy Jaekels (Institute for Clinical Systems Improvement) (Measurement/Implementation Advisor); Janet Jorgenson-Rathke, PT (Institute for Clinical Systems Improvement) (Measurement/Implementation Advisor);

Joann Foreman, RN (Institute for Clinical Systems Improvement) (Facilitator);  
Cally Vinz, RN (Institute for Clinical Systems Improvement) (Facilitator)

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

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No work group members have potential conflicts of interest to disclose.

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2008 Sep

## **MEASURE STATUS**

This is the current release of the measure.

## **SOURCE(S)**

Institute for Clinical Systems Improvement (ICSI). Safe site invasive procedure -- non-operating room. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Sep. 32 p. [5 references]

## **MEASURE AVAILABILITY**

The individual measure, "Number of Wrong Invasive or High-risk Procedure Events Outside of the Operating Room per Month," is published in "Health Care Protocol: Safe Site Invasive Procedure -- Non-Operating Room." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](http://www.icsi.org).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on June 5, 2009.

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